		Of Health And Mental Hygiene NSURE INSPECTION FORM			
Youth Camp Name	e		ID#	Inspection	
Yo	outh Can	np Physical Address			
* <u>CRITICAL VIOLATIONS</u> - <u>CORRECT WITH</u> NON-CRITICAL VIOLATIONS - CORRECT W N/A = No	ITH 10 C	DAYS UNLESS OTHERWISE SPECIFIED E			
COMAR 10.16.06	APPROVED	<u>'</u>	.06		APPROVED
.06 ANNUAL REPORT *		.37 SEWAGE DISPOSAL *			
.07 CERTIFICATE/LETTER OF COMPLIANCE		.38 TOILET FACILITIES			
.08 APPLICATION PROCEDURES AND FEES		.39 BATHING AND HAND WASHING FA	CILITIES *		
.10 TIME PERIOD FOR CORRECTION OF VIOLATIONS		.40 SLEEPING FACILITIES IN RESIDEN	IT YOUTH CAMPS		
.13 POSTING OF CERTIFICATE OR LETTER OF COMPLIANCE		.41 TENTS OR FABRIC SHELTERS			
.20 CONSTRUCTING, REMODELING, ENLARGING, CONVERTING, OR REDUCING FACILITIES *		.42 FOOD SERVICE *			
.21 CRIMINAL BACKGROUND INVESTIGATIONS		.43 GARBAGE AND OTHER REFUSE			
.22 HEALTH PROGRAM *		.44 INSECT, RODENT, AND VERMIN CO	ONTROL		
.23 HEALTH PERSONNEL *		.45 RABIES CONTROLS			
.24 HEALTH LOG		.46 FIRE AND OTHER HAZARDS *			
.25 REQUIRED REPORTS *		.47 SWIMMING - POOL *	Not Observe	ed	N/A
.26 REPORT FORM		.47 SWIMMING - NATURAL SWIM ARE	A * Not Observ	/ed	N/A
.27 CAMPER'S HEALTH RECORD *		.47 WATERCRAFT *	Not Observe	d	N/A
.28 CAMPER'S IMMUNIZATION REQUIREMENTS *		.48 RIFLERY *	Not Observed	d	N/A
.29 STAFF MEMBER'S OR VOLUNTEER'S HEALTH RECORD *		.48 AIR GUNS *	Not Observe		N/A
.30 STAFF MEMBER'S OR VOLUNTEER'S IMMUNIZATION REQUIREMENTS *		.49 ARCHERY *	Not Observe	d	N/A
.31 EXCLUSION FOR ACUTE ILLNESS AND COMMUNICABLE DISEASE *		.50 HORSEBACK RIDING *	Not Observe	ed	N/A
.32 HEALTH TREATMENT	.51 OTHER SPECIALIZED ACTIVITIES * Not Observed			N/A	
.33 NONPRESCRIPTION AND PRESCRIPTION MEDICINE		.52 CAMP TRIP SAFETY *			
.34 EMERGENCY PROCEDURES *		.53 TRANSPORTATION *			
.35 CHILD ABUSE *		.54 SUPERVISION OF CAMPERS DURIN	IG ROUTINE ACTIV	'ITIES *	
.36 WATER SUPPLY *					
INSPE	CTIOI	N OBSERVATIONS			
	Ca	ımp Type			
Is this a primitive camp? ○ Yes ○ No		Camp Type Select		_	
• • • • • • • • • • • • • • • • • • • •		and Certificate Paperwork			
.06 Has the annual report for the previous year been filed	and app	proved by the DHMH?	Date Approved	O yes	O NO
.06 Is this the first year the camp has operated?		C YES C NO		1 123	- 110
.07 Has Maryland Department of Health and Mental Hygie for this physical address?	ne issue	d a Certificate or Letter of Compliance	Date Issued	C YES	○ NO
.08 Was the camp application submitted? Do Not Do Not Delete Do Not Delete			O NO		
.08 Was the appropriate application fee paid or alternative	e accredi	tation documentation provided?	Fee Paid	O YES	O NO
.10 Are there any outstanding violations which have not b	een corr	ected?	Compliance Date		
.10 Is this the first year the camp has operated?		C YES C NO	25phanee bute	O YES	○ NO
.13 Is the Certificate or Letter of Compliance posted?				O YES	O NO
F	Review	amp Facilities			

20 Has the camp constructed, remodeled, enlarged, converted, or reduced facilities?	C YES C NO
20 Did the camp obtain the required permits and inspections for the work? YES NO	
Review Employee Background Checks	
21 How many paid employees work at camp?	0.0.00
21 Where are the employee criminal background checks housed?	On-Site Off-Site-Not Inspecting
21 Where are the employee chillinal background checks housed:	Off-Site-Inspecting
21 List employees below. You have not reviewed enough employees. All staff are voluments of the control of the	
	NO FBI CBI: O YES O NO
21 Is the following person, , an employee of the camp this year? C YES	
Who is the owner or director that will complete a background check using DHMH authorization number	
First Name: Middle Initial: Last Name:	
Review the written health program	
22 Does camp have a written health program?	O YES O NO
.22 Has the health program been signed by the health supervisor?	O YES O NO
.22 Was the approval of the health supervisor given within the past 12 months?	C YES C NO
.22 Is the health program on file in the headquarters or office?	C YES C NO
.22 Is the health program available to the camp staff members?	C YES C NO
.22 Does the health program include the following: Do Not Delete	
Name of Health Supervisor?	C YES C NO
Title of Health Supervisor?	C YES C NO
Maryland or Compact State License Number of Health Supervisor?	C YES C NO
.22 Does the health program include procedures for the camp staff members to:	
Obtain camper and staff health information?	C YES C NO
Notify the health supervisor when a camper has an identified medical problem?	C YES C NO
Disseminate information to staff members that work with a camper having a health problem?	C YES C NO
Care for a camper with an identified medical problem?	O YES O NO
Maintain confidentiality regarding all health information on campers and staff members?	C YES C NO
Observe campers each day for easily discernible signs of injury or illness?	C YES C NO
Handle health emergencies and accidents?	C YES C NO
Use emergency ambulance services and 911 services?	C YES C NO
Care for and supervise an injured or ill camper until camper is returned to parent/guardian?	O YES O NO
Notify parent, guardian, or the designee when a camper is observed to be injured or ill?	○ YES ○ NO
Report health situations in accordance with COMAR 10.16.06.25 and 10.16.06.26?	O YES O NO
Prevent the spread of an infectious disease by using:	
Hand washing procedures?	C YES C NO
Personal protective equipment?	C YES C NO
Personal hygiene?	C YES C NO
An exposure control plan?	C YES C NO
Review Medication Procedures	
33 Does camp have written procedures for medication administration as part of the health program?	C YES C NO
33 Are staff members administering medications?	C YES C NO

.33 Is staff member administering medication a Registered Nurse or Certified Medication Te	chnician?	C YES	○ NO	_
.33 Are campers self-administering medications?		O Y	ES O NO	
Self-Administered Medication				
.33 Has the parent or guardian provided written authorization for the camper to self-adminimedicine?	ister	O YES	O NO	
.33 Has the health supervisor designated an adult staff member or volunteer to supervise c as they self-administer medicine?	ampers	C YES	O NO	
.33 Does the designated adult staff member or volunteer supervise campers as they self-ac medicine?	lminister	O YES	○ NO	
.33 Has the health supervisor completed an assessment of the camper to determine if self-administration is appropriate?		O YES	O NO	
.33 Do parents of campers come to camp to administer medications to their child?		C Y	ES O NO	
.33 Are medications present at camp?		C Y	ES O NO	
.33 Does camp have a prescriptive order for all medications administered at camp?		C YES	C NO	
.33 Is all medicine kept in its original container?		C YES	○ NO	
.33 Does the container for non-prescription medicine include the directions for use?		C YES	O NO	<u> </u>
.33 Is the medicine given to the camper from the original container?		C YES	C NO	1
.33 Are the directions for use provided on or with the medicine container's followed?		C YES	○ NO	<u> </u>
.33 Does the staff member administering medicine to a camper or supervising a camper whadministering medicine know the side and toxic effects of the medicine?	no is self-	C YES	O NO	
.33 Is the medicine kept in a locked storage compartment?		C YES	C NO	╛
.33 Has the staff member documented the following information in the health log or campe	r's personal hea	alth record:		
Amount of medicine admi	inistered?	O YES	O NO	
Date and time of admin	istration?	O YES	O NO	1
Name of the individual who is administering or that the camper self-administered?			O NO	
Final disposition of the medicine?			O NO	
$.33$ At the end of the camping session or when it was no longer needed, was the medicine ϵ	either:			
Returned to the parent or guardian or de	estroyed?	O YES	O NO	
.33 Does the prescription medicine bear a pharmacy label showing the: Do Not				
Prescription number?			C NO	
Date filled?			O NO	
Prescribing physician's name?			O NO	╛┃
Medicine name?			O NO	
Directions	s for use?	O YES	O NO	╛
	t's name?	C YES	O NO	
.33 Has the parent or guardian provided written authorization for the administration of the	medicine that i	ncludes:		
The camper's name?			O NO	
The parent's or guardian's signature?			O NO	
The date signed?			O NO	<u> </u>
The medicine name?			C NO	_
The reason for the medicine?			O NO	<u> </u>
Documentation that at least one dose of the medicine was given to the camper a	at home?	C YES	C NO	
Review Health Personnel				
☐ No Health Supervisor Name of Health Supervisor				
Do Not Delete Title of Health Supervisor	Select or type.			•
License Number of Health Supervisor				
Do Not Delete In what state does the Health Supervisor hold a license?	Select or type.			-

.23 Is the health supervisor available for consultation at all times when campers a	O YES O NO	
.23 Is the health supervisor on site at all times where 50 percent or more of the c medical problems?	O YES O NO O N/A	
List individuals with CPR and First	t Aid below.	
.23 When camp goes off-site, does the camp divide into more than two groups?		O YES O NO
.23 How many groups does the camp divide into? The camp does not have enough CPR and Fi	rst Aid staff members.	
☐ No adults with CPR and First Aid	CPR Cert.	First Aid Cert.
First Name: Last Name:	C YES C NO	C YES C NO
Review Health Lo	g	
.24 Does camp have a health log or camper's personal health record?		C YES C NO
.24 Are the following items recorded for all injuries, illnesses, and reportable dise	ases and conditions:	
	Date?	O YES O NO
	Name of Camper?	O YES O NO
	Ailment?	C YES C NO
Tre	atment prescribed?	O YES O NO
Name of person a	administering care?	O YES O NO
.24 Is the camp health log or camper's personal health record:		Do Not Delete
Writ	ten on lined paper?	C YES C NO
Maintained in a co	onfidential manner?	C YES C NO
Stored in a loc	cked compartment?	C YES C NO
Available at all times for review b	by the Department?	C YES C NO
Retained for a	a period of 5 years?	C YES C NO
.24 Is each entry in the camp health log or camper's personal health record:		
	Recorded in ink?	C YES C NO
Recorded wit	hout skipped lines?	C YES C NO
Providing a permanent record that is r	not easily modified?	O YES O NO
Legibly signed by the individual administering	C YES C NO	
.24 Is the camp health log a bound volume, such as a composition notebook?		C YES C NO
.24 Are the pages of the health log sequentially numbered?		C YES C NO
Review Injury/Illness Report a	nd Procedure	
Has camp had any injuries or illnesses occur which required reporting?		C YES C NO
.25 Is camp reporting injuries and illness to the appropriate individuals within the	required time periods?	C YES C NO
.26 Is camp using the approved DHMH Injury/Illness Report form to report injurie medication errors?	C YES C NO	
Review Camper Health Red	cord Form	
Does the camp use the DHMH Camper Health Record?		O YES O NO
	D	o Not Delete
.27 Does the camper health record form collect the following information:	Do Not Delete	
The name of the camper's primary care physician or other p	C YES O NO	
The date of the camper's most recent	t tetanus immunization?	C YES C NO
Pertinent information on any health pro	oblems including:	
	Physical problems?	C YES C NO
	Psychiatric problems?	C YES C NO
	Behavioral problems?	C YES C NO
The following information for a paren	nt or guardian:	

						Name?	(YES	○ NO
					Phone n	umber?	(YES	O NO
The following	information	for on	e additiona	ıl emerger	ncy contac	t person:			
						Name?		YES	C NO
					Phone n	umber?	(YES	○ NO
		Docur	mentation	of:					
	Th	e preso	cribed age-	appropria	te immuni:	zations?	(YES	C NO
	For a c	lay can	nper, enrol	lment in a	Maryland	school?	(YES	○ NO
Exer	mption to th	e preso	cribed age-	appropria	te immuni	zations?	(YES	O NO
Review C	amper H	ealth	Records	and In	nmuniza	ations			
.27 How many campers have attended camp as	of today?								
Review camper health record(s).	nave not rev	iewed (enough ca	nper heal	th records				
Do Not Delete									
Camper First Name Camper Las	t Name	DR	Tetanu s Date	Health Issues	Parent Name	Parent Phone	EC Name	EC Phone	e Imms.
Davious Ctaff Marsh	or and M	ماريمه.	oou Hool	th Dogo	uda and	Tnonou	nization	_	
Review Staff Memb Does the camp use the DHMH Staff Health Recor		olunte	еег неа	tn Reco	ras ana	Immu		S YES	O NO
.29 Does the staff member/volunteer health reco		oct the	following	informatic	vn :		,	YES	O NO
The name of the						al care?		YES	C NO
	Pertinent inf						Do Not D		Do Not Delete
	r er emene im	Office	on on any	•	hysical pro			YES	O NO
					chiatric pro			YES	O NO
The fall	awina inform	nation			avioral pro		(YES	O NO
The folio	owing inforn	пацоп	on an eme	rgency co	ntact perso	Name?		YES	C NO
					Dhonon				
For a staff member or valunteer who is v	ounger than	10 10	are old do	cumontati		iumber?		YES	O NO
For a staff member or volunteer who is y			cribed age-			zations?		YES	C NO
		e presc		• • •	Maryland				
F						-		YES	O NO
	nption to th	e presc	cribed age-	арргоргіа	te immuni:	zations?		YES	○ NO
.29 How many volunteers work at camp?				Do	Not Do	Do Not	D		
Review staff member health records. Review You have not reviewed enough staff member he			health rec	orus.	Not De	Do Not under bad		checks f	irst.
Staff First Name			Last Nam		DR	Health Issues	EC Name	EC Phone	Imme
							П	П	
You have not reviewed enough volunteer health	records.								
Volunteer First Name	v	olunte	er Last N	ame	DR	Health Issues	EC Name	EC Phone	Imms.
Assess Exclusi	on for Ac	ute I	llness ar	nd Comi	municat	le Dise	ase		
.31 Are camp staff members:								Do Not	Delete
			g campers such as vo					YES	O NO
			ging for fir						

upon observing a sign or symptom of acute illne	ess? C YES C NO
Restricting an affected camper from participating in camp activities so the camper's illness is not communicated to another individu	
Providing supervision for the affected camper so that t camper is within sight and hearing of the supervising staff memb	
Upon observing a sign or symptom of acute illness:	
Reporting an illness in accordance with Regulation	25? C YES C NO
Notifying the camper's parent or guardian that the camper may not remain at can	mp? C YES C NO
.31 If a camper is exhibiting a symptom of an acute illness, is the operator:	
Refusing to admit the camper to can	mp? C YES C NO
Refusing to allow the camper to remain at can	np? C YES C NO
.31 Has the camp operator knowingly allowed an individual to participate, work, or volunteer at camp of a disease or condition listed in COMAR 10.06.01 without:	during the period of communicability
The individual being under the care of a licensed health practition	ner? C YES C NO
A written approval from a licensed health practitioner or local health officer for the individual attendan	
Review Health Treatment Area	
.32 Does camp have a designated health treatment area?	C YES C NO
.32 Does the health treatment area afford privacy, quiet, continual supervision and protection from the elements?	e C YES C NO
.32 Is the health treatment area equipped with:	Do Not Delete
First aid supplies specified by the health supervis	or? C YES C NO
Provisions for sanitary hand washi	ng? O YES O NO
Hot and cold running water?	O YES O NO
A bathroom with a flush toilet?	C YES C NO
A hand sink?	C YES C NO
A shower?	C YES C NO
An isolation and convalescent area?	C YES C NO
Exterior lighting?	C YES C NO
.32 Do staff members and volunteers wash their hands before and after treatment?	O YES O NO
Review Emergency Procedures	
.34 Is a telephone or alternate means of communication provided?	C YES C NO
.34 Is an emergency drill conducted at the beginning of each new session?	C YES C NO
.34 Has camp documented when emergency drills were conducted?	○ YES ○ NO
.34 Are at least one adult and one counselor or assistant counselor present at camp at all times?	○ YES ○ NO
.34 During severe weather, is adequate shelter provided for campers, camp staff members and volunteers?	O YES O NO
.34 Does camp have a written emergency procedure plan?	C YES C NO
.34 Does the written emergency plan include procedures for the camp staff members to: Do Not Delete	
Ensure camper safety during natural disasters, severe weather, and other emergencies?	C YES C NO
Evacuate campers from the camp?	C YES C NO
Account for campers?	C YES C NO
Locate a missing camper?	C YES C NO
Use fire, rescue, police, and 911 services?	C YES C NO
Ensure emergency transportation?	C YES C NO
Notify the camper's parent or guardian?	C YES C NO
Ensure camper safety until the camper's parent, guardian, or designee picks up the camper?	O YES O NO

Review Water Supply

.36 Is the camp's water supply: Do Not D	
	C Public Water System
From a public water system, private well or is this a primitive ca	mp?
	C Primitive Camp
Adequ	
Easily accessible to the camp	
.36 Is camp operated at a facility owned by State or local government?	O YES O NO
.36 Is camp operated at a public or private school?	O YES O NO
	YES ONO
Building Safety Form .36 Has camp obtained the "Building Safety Form" from the facility manager or principal?	0
	C YES O NO
Use and Occupancy or Plumbing Inspection	
.36 Does camp have a copy of the "Use and Occupancy Permit" for the facility?	O YES O NO
.36 Does camp have a letter from a master plumber stating that the facility was inspected and meets the codes that were applicable at the time of construction?	C YES C NO
Private Water Supply	
.36 Has the local health approval form been signed by the local health department?	C YES C NO
.36 Is pumping and disinfection equipment housed in a structure that is inaccessible to unauthorized persons?	C YES C NO
.36 Are hose bibs equipped with non-removable back flow prevention devices?	C YES C NO
Public Water Supply	
.36 From which public water system does camp obtain water?	
Primitive Camp Water Supply	
.36 Is the water filtered and disinfected?	C YES C NO
.36 Is the water free from impurities in amounts sufficient to cause disease or harmful physiological	O YES O NO
effects?	125 0 110
effects? Review Sewage Disposal	3 123 3 110
Review Sewage Disposal	S 123 S NO
Review Sewage Disposal	
Review Sewage Disposal 37 Is the sewage disposal system: Do Not Delete	Public
Review Sewage Disposal	Public Private
Review Sewage Disposal 37 Is the sewage disposal system: Do Not Delete Public, Private or Primit	Public
Review Sewage Disposal 37 Is the sewage disposal system: Do Not Delete Public, Private or Primit 37 Is the disposal of wastewater from under taps and fountains by a method that:	Public Private Primitive
Review Sewage Disposal 37 Is the sewage disposal system: Do Not Delete Public, Private or Primit	Public Private Primitive ace? YES NO
Review Sewage Disposal 37 Is the sewage disposal system: Do Not Delete Public, Private or Primit 37 Is the disposal of wastewater from under taps and fountains by a method that:	Public Private Primitive
Review Sewage Disposal .37 Is the sewage disposal system: Do Not Delete Public, Private or Primit .37 Is the disposal of wastewater from under taps and fountains by a method that: Prevents stagnant water on the ground surface of the ground wastewater and the ground wastewat	Public Private Primitive ace? YES NO
Review Sewage Disposal .37 Is the sewage disposal system: Do Not Delete Public, Private or Primit .37 Is the disposal of wastewater from under taps and fountains by a method that: Prevents stagnant water on the ground surface of the ground wastewater and the ground wastewat	Public Private Primitive ace? YES NO ater? NO
Review Sewage Disposal .37 Is the sewage disposal system: Do Not Delete Public, Private or Primit .37 Is the disposal of wastewater from under taps and fountains by a method that: Prevents stagnant water on the ground surface does not contaminate the ground water. 37 Does not contaminate the ground water.	Public Private Primitive C Primitive C Primitive Acce? O YES O NO O YES O NO O YES O NO
Review Sewage Disposal .37 Is the sewage disposal system: Do Not Delete Public, Private or Primit .37 Is the disposal of wastewater from under taps and fountains by a method that: Prevents stagnant water on the ground surfation Does not contaminate the ground was and possible contaminate the ground was a privile contaminate the ground was and possible contaminate the ground was a privile contamin	Public Private Primitive ace? YES NO YES NO YES NO
Review Sewage Disposal .37 Is the sewage disposal system: Do Not Delete Public, Private or Primit .37 Is the disposal of wastewater from under taps and fountains by a method that: Prevents stagnant water on the ground surface Does not contaminate the ground was a possible provided by State or local government? .37 Is camp operated at a facility owned by State or local government? .37 Is camp operated at a public or private school?	Public Private Primitive ace? YES NO YES NO YES NO
Review Sewage Disposal .37 Is the sewage disposal system: Do Not Delete Public, Private or Primit .37 Is the disposal of wastewater from under taps and fountains by a method that: Prevents stagnant water on the ground surfunction of the sewage disposal system? .37 Does camp use privies or portable toilets as part of the sewage disposal system? .37 Is camp operated at a facility owned by State or local government? .37 Is camp operated at a public or private school? Building Safety Form .37 Has camp obtained the "Building Safety Form" from the facility manager or principal?	Public Private Primitive ace? YES NO YES NO YES NO YES NO YES NO
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Review Sewage Disposal .37 Is the sewage disposal system: Do Not Delete Public, Private or Primit .37 Is the disposal of wastewater from under taps and fountains by a method that: Prevents stagnant water on the ground surface to the ground was stagnant water on the ground was stagnant water o	Public Private Primitive ace? YES NO Ater? YES NO YES NO YES NO YES NO YES NO YES NO
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Review Sewage Disposal 37 Is the sewage disposal system: Do Not Delete Public, Private or Primit 37 Is the disposal of wastewater from under taps and fountains by a method that: Prevents stagnant water on the ground surf. Does not contaminate the ground wa 37 Does camp use privies or portable toilets as part of the sewage disposal system? 37 Is camp operated at a facility owned by State or local government? 37 Is camp operated at a public or private school? Building Safety Form 37 Has camp obtained the "Building Safety Form" from the facility manager or principal? Use and Occupancy or Plumbing Inspection 37 Does camp have a copy of the "Use and Occupancy Permit" for the facility? 37 Does camp have a letter from a master plumber stating that the facility was inspected and meets the codes that were applicable at the time of construction? Private Sewage Disposal System 37 Has the local health approval form been signed by the local health department? Is fly-proof	Public Private Primitive ace? YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO

37 Is the privy or portable toilet maintained in good working order?	○ YES ○ NO
37 Is the privy or portable toilet located closer than 100 feet to a housing unit or a facility where food is prepared or served?	C YES C NO
37 Does the privy or portable toilet have natural ventilation or mechanical exhaust adequate to emove fumes and odors from the vault?	C YES C NO
37 Is the privy or portable toilet treated to reduce odors and eliminate a fly infestation?	○ YES ○ NO
37 Is the privy or portable toilet emptied of solid and liquid contents when filled to capacity?	○ YES ○ NO
Public Sewage Disposal System	
37 From which public water system does camp obtain water?	
Primitive Camp Sewage Disposal	
37 Does the sewage disposal procedure pollute the environment?	C YES C NO
37 Does the sewage disposal procedure create a nuisance or public health hazard?	C YES C NO
37 Does the sewage disposal procedure comply with applicable federal, State, and local statutes, regulations, and ordinances?	C YES C NO
Review Toilet Facilities	
38 Are toilet facilities constructed, located, and maintained to prevent a:	
Do Not Delete	
Nuisance?	C YES C NO
Public health hazard?	C YES O NO
38 Are separate toilet facilities provided for boys and girls?	O YES O NO
38 Are toilet facilities for boys and girls located in the same building?	C YES C NO
.38 Are the boys and girls bathrooms separated by a solid wall from floor to roof or ceiling?	C YES C NO
.38 Are the boys and girls bathrooms equipped with self-closing doors that afford privacy?	C YES C NO
.38 Are the boys and girls bathrooms distinctly marked with universal symbols?	C YES C NO
.38 Are the boys and girls bathrooms distinctly marked in the native language of the campers expected to use the facility?	C YES C NO
38 Is toilet tissue on a holder furnished adjacent to each toilet?	O YES O NO
38 Does the toilet facility have adequate mechanical exhaust or natural ventilation?	C YES C NO
Residential Camps Boy's Bathrooms	
How many toilets are provided?	
How many urinals are provided?	
Girl's Bathrooms How many toilets are provided?	
How many tonets are provided:	
Maximum number of campers allowed Number of campers present today?	
.38 Is the ratio of toilets to campers within the acceptable limit set in regulation?	O YES O NO
.38 Is the toilet facility located within 300 feet of each housing unit?	C YES C NO
Day Camps	
Boy's Bathrooms How many toilets are provided?	
How many urinals are provided?	
Girl's Bathrooms	
How many toilets are provided?	
Maximum number of campers allowed	
Number of compare precent today?	
Number of campers present today? .38 Is the ratio of toilets to campers within the acceptable limit set in regulation?	O YES O NO
150 15 the ratio of tollets to campers within the acceptable limit set in regulation.	
Bathing and Hand Washing Facilities 39 Are hand washing facilities located adjacent to each toilet or privy site?	C YES C NO

39 Do campers provide their own soap and towel?	C YES C NO
9 Is each hand washing unit equipped with:	
Soap?	○ YES ○ NO
A hot air hand drier or disposable towels?	O YES O NO
O To a twoch contained provided in each layetery area?	
9 Is a trash container provided in each lavatory area?	O YES O NO
9 Is hot water supplied?	O YES O NO
39 What is the temperature of the hot water in °F?	
39 Is the water heater equipped with: A pressure and temperature relief valve?	O YES O NO
Vacuum relief valve?	O YES O NO
39 Is anti-scald protection provided on all hot water lines going to showers or bathtubs?	O YES O NO
	V YES V NO
Day Camps 39 How many hand washing units are provided?	
Residential Camps	
39 How many hand washing units are provided?	
39 Are hand washing facilities located within 300 feet of each housing unit?	O YES O NO
39 Are shower heads spaced at least 30 inches apart to provide a minimum of 6 square feet of	O YES O NO
loor area per unit? 39 Are shower walls and ceilings constructed of solid, nonabsorbent, easily cleanable materials?	
	O YES O NO
39 Is the shower floor: Constructed of nonabsorbent, skid resistant, easily cleanable materials?	C YES C NO
Sloped to properly constructed floor drains, with provisions to prevent pooling water or overflow to	
adjacent floor areas?	
39 Is a shower partition or shower curtain provided for each shower to prevent splash from stall- ype showers?	C YES C NO
39 Is a soap storage area or non-glass soap dish provided adjacent to each showerhead?	C YES C NO
39 Is a dry dressing space with clothes hanging facilities provided at the shower facility?	C YES C NO
39 Are boy's and girl's showers located in the same building?	O YES O NO
.39 Is a nonabsorbent wall, extending from the floor to the ceiling or roof provided, separating shower facilities for boy's and girl's?	C YES C NO
39 Are facilities plainly designated boy's and girl's in universal symbols or the native language of he campers expected to use the facility?	C YES C NO
39 Is a door or sight barrier, to afford privacy, provided on the shower room?	O YES O NO
39 Is hot and cold or tempered water supplied to each shower?	O YES O NO
Primitive Camps	* IL3 * NO
39 Are bathing and hand washing facilities at the primitive camp:	
Sanitary and promote personal hygiene?	C YES C NO
Set-up so not to create a nuisance or public health hazard?	C YES C NO
Set-up not to pollute the environment?	C YES C NO
Compliant with applicable federal, State, and local statutes, regulations, and ordinances?	O YES O NO
Review Sleeping Facilities for Residential Camps	
40 Is a bed, cot, or bunk provided for each individual? Do Not Delete	O YES O NO
40 Does each bed, cot, or bunk have a sturdy frame?	C YES C NO
40 Is there at least 12 inches of clear space between the floor and the bottom of the bed, cot or	O YES O NO
bunk? 40 Is bedding provided?	
	O YES O NO
.40 Is the bedding provided clean and sanitary?	C YES C NO

Clean?	C YES C NO
Disinfected annually?	C YES C NO
Vermin-free?	C YES C NO
Hole-free?	C YES C NO
Completely covered with clean sheet or mattress cover?	O YES O NO
40 Is a mattress provided for each individual?	O YES O NO
40 Is at least 30 square feet of floor space per occupant in sleeping areas provided, including pace for aisles between beds?	C YES C NO
40 Are double-deck bunk beds used?	C YES C NO
40 Is there a minimum of 27 inches between the top of the lower mattress and bottom of the top bunk?	C YES C NO
40 Is there a minimum of 36 inches between the top of the upper mattress and the ceiling?	C YES C NO
40 Does each individual at a primitive camp have a sleeping bag?	O YES O NO
Review Tent and Fabric Shelters	
11 Are tents or fabric shelters used at camp? Do Not Delete	O YES O NO
41 Is the occupancy of the tent or fabric shelter below the manufacturer's recommended capacity?	O YES O NO
41 Is the tent or fabric shelter:	O ILS O NO
Made of fire retardant material?	O YES O NO
Equipped with a permanent label which states conspicuously, "WARNING: NO OPEN FLAMES IN OR NEAR THIS TENT OR FABRIC SHELTER"?	C YES C NO
Located at least 10 feet away from a campfire or open flame?	O YES O NO
Review Food Service	
12 Does the camp prepare food on-site? Do Not Delete	O YES O NO
2 Does camp use outside catering, summer lunch program or have food brought in from restaurants or meals?	O YES O NO
42 Does camp have Food Service Permits for all on-site kitchens, caters, summer lunch program or restaurants used to prepare meals for camp?	C YES C NO
12 Are lunches brought from home?	C YES C NO
42 Are lunches brought from home or provided by the camp, containing potentially hazardous	C YES C NO
42 Are lunches brought from home or provided by the camp, containing potentially hazardous	
42 Are lunches brought from home or provided by the camp, containing potentially hazardous bod, kept refrigerated at a temperature of 42°F or below? Primitive Camps 42 Is the food served:	C YES C NO
A2 Are lunches brought from home or provided by the camp, containing potentially hazardous bod, kept refrigerated at a temperature of 42°F or below? Primitive Camps 42 Is the food served: Wholesome and safe for human consumption?	C YES C NO
A2 Are lunches brought from home or provided by the camp, containing potentially hazardous bod, kept refrigerated at a temperature of 42°F or below? Primitive Camps 42 Is the food served: Wholesome and safe for human consumption? Free from spoilage, filth, or other contamination?	C YES C NO
Primitive Camps 12 Is the food served: Wholesome and safe for human consumption? Free from spoilage, filth, or other contamination? Obtained from sources that comply with all laws relating to food and food labeling?	C YES C NO
Primitive Camps 12 Is the food served: Wholesome and safe for human consumption? Free from spoilage, filth, or other contamination? Obtained from sources that comply with all laws relating to food and food labeling? 12 Are transportation, storage, preparation, cooking, and service procedures implemented to:	O YES O NO O YES O NO O YES O NO O YES O NO
A2 Are lunches brought from home or provided by the camp, containing potentially hazardous bod, kept refrigerated at a temperature of 42°F or below? Primitive Camps 42 Is the food served: Wholesome and safe for human consumption? Free from spoilage, filth, or other contamination? Obtained from sources that comply with all laws relating to food and food labeling? 42 Are transportation, storage, preparation, cooking, and service procedures implemented to: Protect food and equipment from contamination?	O YES O NO O YES O NO O YES O NO O YES O NO
Primitive Camps 42 Is the food served: Wholesome and safe for human consumption? Free from spoilage, filth, or other contamination? Obtained from sources that comply with all laws relating to food and food labeling? 42 Are transportation, storage, preparation, cooking, and service procedures implemented to: Protect food and equipment from contamination? Maintain safe temperatures, as defined in COMAR 10.15.03?	C YES C NO
Primitive Camps 12 Is the food served: Wholesome and safe for human consumption? Free from spoilage, filth, or other contamination? Obtained from sources that comply with all laws relating to food and food labeling? 12 Are transportation, storage, preparation, cooking, and service procedures implemented to: Protect food and equipment from contamination? Maintain safe temperatures, as defined in COMAR 10.15.03? 12 Is equipment provided to transport, store, prepare, cook, and serve food safely?	O YES O NO
Primitive Camps 42 Are lunches brought from home or provided by the camp, containing potentially hazardous odd, kept refrigerated at a temperature of 42°F or below? Primitive Camps 42 Is the food served: Wholesome and safe for human consumption? Free from spoilage, filth, or other contamination? Obtained from sources that comply with all laws relating to food and food labeling? 42 Are transportation, storage, preparation, cooking, and service procedures implemented to: Protect food and equipment from contamination? Maintain safe temperatures, as defined in COMAR 10.15.03? 42 Is equipment provided to transport, store, prepare, cook, and serve food safely? 43 Is the food-contact surface of equipment used to prepare, store, or serve a potentially hazardous foo	C YES C NO d cleaned and sanitized:
Primitive Camps At Is the food served: Wholesome and safe for human consumption? Free from spoilage, filth, or other contamination? Obtained from sources that comply with all laws relating to food and food labeling? At Is transportation, storage, preparation, cooking, and service procedures implemented to: Protect food and equipment from contamination? Maintain safe temperatures, as defined in COMAR 10.15.03? At Is equipment provided to transport, store, prepare, cook, and serve food safely? At Is the food-contact surface of equipment used to prepare, store, or serve a potentially hazardous foo After each use?	C YES C NO C YES O NO
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Primitive Camps Primitive Camps 42 Is the food served: Wholesome and safe for human consumption? Free from spoilage, filth, or other contamination? Obtained from sources that comply with all laws relating to food and food labeling? 42 Are transportation, storage, preparation, cooking, and service procedures implemented to: Protect food and equipment from contamination? Maintain safe temperatures, as defined in COMAR 10.15.03? 42 Is equipment provided to transport, store, prepare, cook, and serve food safely? 42 Is the food-contact surface of equipment used to prepare, store, or serve a potentially hazardous food After each use? If the surface is contaminated? 42 Are hand washing materials provided?	C YES C NO C YES O NO d cleaned and sanitized: C YES O NO
Primitive Camps Primitive Camps 42 Is the food served: Wholesome and safe for human consumption? Free from spoilage, filth, or other contamination? Obtained from sources that comply with all laws relating to food and food labeling? 42 Are transportation, storage, preparation, cooking, and service procedures implemented to: Protect food and equipment from contamination? Maintain safe temperatures, as defined in COMAR 10.15.03? 42 Is equipment provided to transport, store, prepare, cook, and serve food safely? 42 Is the food-contact surface of equipment used to prepare, store, or serve a potentially hazardous food After each use? If the surface is contaminated? 42 Are hand washing materials provided? 42 Do food handlers maintain personal cleanliness during work, including:	C YES C NO C YES C NO
Wholesome and safe for human consumption? Free from spoilage, filth, or other contamination? Obtained from sources that comply with all laws relating to food and food labeling? 42 Are transportation, storage, preparation, cooking, and service procedures implemented to: Protect food and equipment from contamination? Maintain safe temperatures, as defined in COMAR 10.15.03? 42 Is equipment provided to transport, store, prepare, cook, and serve food safely? 42 Is the food-contact surface of equipment used to prepare, store, or serve a potentially hazardous food. After each use?	C YES C NO d cleaned and sanitized: C YES C NO C YES C NO C YES C NO C YES C NO

Washing hands: As often as required to remove soil and contamination? Keeping fingermails clean and neathy trimmed? Keeping fingermails clean and neathy trimmed? Keeping double and the service of th	Use and Occupancy or Plumbing Inspection	
Weshing hands: As often as required to remove soil and contamination? Keeping fingernalis clean and neatly trimmed? Keeping hands clean when handling food and food-contact surfaces? Neshing hands clean when handling food and food-contact surfaces? Wearing a hair net, cap, or other effective hair restraint? Wearing a hair net, cap, or other effective hair restraint? Not smoking or using tobacco in any form? Not working when infected with a disease that is communicable by way of food? Not working when infected with a disease that is communicable by way of food? YES ONO Not working when infected with a disease that is communicable by way of food? YES ONO Maintains food at safe temperatures during storage, preparation, and transportation? Has a thermometer graduated at 2°F intervals? YES ONO Maintains cold foods at or above 135°F? YES ONO Maintains hot foods at or above 135°F? YES ONO Maintains hot foods at or above 135°F? YES ONO Maintains hot foods at or above 135°F? YES ONO A2 If cold food exceeds 50°F before serving, is the food discarded as garbage? Thoroughly cooked to achieve a safe internal temperature as determined by the use of a metal sten thermometer? Consumed immediately after preparation? YES ONO Discarded as garbage if not consumed immediately after preparation? YES ONO A3 Are durable containers in good condition provided for the storage of garbage and other refuse? YES ONO Review Garbage and Other Refuse Procedures 43 Are containers used outside: Equipped with tight-fitting lide? YES ONO Review Insect, Rodent, and Vermin Control A4 Are facilities at camp maintained to: Do Not Delete Minimize the entry of insects, rodents, and other vermin into the structures or campsite? West ONO Review Rables Controls A5 Are there any cats, dogs or ferrets at camp? Do Not Delete Minimize the entry of insects, rodents, and other vermin i	.46 Has camp obtained the "Building Safety Form" from the facility manager or principal?	C YES C NO
Washing hands: As often as required to remove soil and contamination? Keeping fingernalist clean and nearly trimmed? Keeping fingernalist clean and nearly trimmed? Keeping fingernalist clean and nearly trimmed? Keeping outer garments clean? YES NO Meeping hands clean when handling food and food-contact surfaces? YES NO Wearing a hair net, cap, or other effective hair restraint? YES NO Not sworking when infected with a disease that is communicable by way of food? YES NO Not working when infected with a disease that is communicable by way of food? YES NO Maintains food at safe temperatures during storage, preparation, and transportation? YES NO Maintains food at safe temperatures during storage, preparation, and transportation? YES NO Maintains food at safe temperatures during storage, preparation, and transportation? YES NO Maintains food at safe temperatures during storage, preparation, and transportation? YES NO Maintains food at one above 135 FP? YES NO Maintains cold foods at or above 135 FP? YES NO 42 If cold food exceeds 50°F before serving, is the food discarded as garbage? YES NO Thoroughly cooked to achieve a safe internal temperature as determined by the use of a metal stem thermometer? Consumed immediately after preparation? YES NO Discarded as garbage if not consumed immediately after preparation? YES NO Review Garbage and Other Refuse Procedures 43 Are durable containers in good condition provided for the storage of garbage and other refuse? YES NO Disposed of by a system in accordance with State and local laws, regulations, and ordinances? YES NO Review Garbage and Other Refuse Procedures A3 Are containers used outside: Equipped with tight-fitting lide? YES NO Review Insect, Rodent, and Vermin Control 44 Are facilities at camp maintained to: Do Not Delete Minimize the entry of insects, ordents, and other vermin into the structures or campsite? YES NO Review Rabeles Controls 45 Are there any casts, dogs or ferrets at camp? Do Not Delete Minimize the en	<u> </u>	
Washing hands: As often as required to remove soil and contamination? Keeping fingernalis clean and neatly trimmed? Keeping fingernalis clean and neatly trimmed? Keeping outer garments clean? YES NO Keeping outer garments clean? YES NO A2 Do food handlers use safe food handling practices during work, including: Keeping hands clean when handling food and food-contact surfaces? YES NO Wearing a hair net, cap, or other effective hair restraint? YES NO Not working when infected with a disease that is communicable by way of food? YES NO Not working when infected with a disease that is communicable by way of food? YES NO Maintains food at safe temperatures during storage, preparation, and transportation? YES NO Maintains food at safe temperatures during storage, preparation, and transportation? West No Maintains cold foods at or below 42*F7 YES NO Maintains foods at or below 42*F7 YES NO Maintains foods at or above 135*F7 YES NO Maintains frozen foods at or below 09*F7 YES NO Consumed immediately after preparation? YES NO Consumed immediately after preparation? YES NO Review Garbage and Other Refuse Procedures 4.3 Are durable containers in good condition provided for the storage of garbage and other refuse? YES NO A3 Are containers used outside: Equipped with tight-fitting lids? Equipped with tight-fitting lids? YES NO A42 have containers used outside: Equipped with tight-fitting lids? YES NO A43 Are containers used outside: Equipped with tight-fitting lids? YES NO A44 Are facilities at camp maintained to: No Disposed of by a system in accordance with State and local laws, regulations, and ordinances? YES NO A45 Are containers used outside: Equipped with tight-fitting lids? YES NO A46 Are facilities at camp maintained to: No Disposed of by a system in accordance with State and local laws, regulations, and ordinances? YES NO A47 Are facilities at camp maintained to: No Disposed of by a system in accordance with State and local laws, regulations, and ordinances? Y	.46 Is camp operated at a public or private school?	○ YES ○ NO
Washing hands: As often as required to remove soil and contamination? Keeping fingernals clean and neatly trimmed? Keeping fingernals clean and neatly trimmed? Keeping fungernals clean and neatly trimmed? Keeping funders clean? YES NO Wearing a hair net, cap, or other effective hair restraint? YES NO Not working when infected with a disease that is communicable by way of food? YES NO Not working when infected with a disease that is communicable by way of food? YES NO Maintains food at safe temperatures during storage, preparation, and transportation? YES NO Maintains food at safe temperatures during storage, preparation, and transportation? YES NO Maintains food at of foods at or below 42F7 YES NO Maintains forcen foods at or below 42F7 YES NO Maintains forcen foods at or below 9FP? YES NO Maintains forcen foods at or below 9FP? YES NO Maintains forcen foods at or below 9FP? YES NO Consumed immediately after preparation? YES NO Discarded as garbage if not consumed immediately after preparation? YES NO Discarded as garbage if not consumed immediately after preparation? YES NO As Are durable containers in good condition provided for the storage of garbage and other refuse? YES NO Disposed of by a system in accordance with State and local laws, regulations, and ordinances? YES NO As Are containers used outside: Equipped with tight-fitting lids? Equipped with tight-fitting lids? YES NO As Are containers used outside: Equipped with tight-fitting lids? YES NO As Are containers used outside: Equipped with tight-fitting lids? YES NO As Are containers used outside: Equipped with tight-fitting lids? YES NO As Are containers used outside: Equipped with tight-fitting	.46 Is camp operated at a facility owned by State or local government? Do Not Delete	C YES C NO
Washing hands: As often as required to remove soil and contamination? Keeping fingernals clean and neatly trimmed? Keeping plants clean and neatly trimmed? Keeping outer garments clean? CYES ONO Reeping outer garments clean? CYES ONO Wearing a hair net, cap, or other effective hair restraint? Wearing a hair net, cap, or other effective hair restraint? Not smoking or using tobacco in any form? Not working when infected with a disease that is communicable by way of food? Not working when infected with a disease that is communicable by way of food? YES ONO A22 is food storage provided that: Has effective insulation? Maintains food at safe temperatures during storage, preparation, and transportation? YES ONO Maintains food at safe temperatures during storage, preparation, and transportation? YES ONO Maintains food dods at or below 42*F? Maintains bot foods at or below 42*F? WES ONO Maintains fortogods at or below 42*F? YES ONO Maintains frozen foods at or below 42*F? YES ONO Maintains frozen foods at or below 42*F? YES ONO Maintains frozen foods at or below 42*F? YES ONO Maintains frozen foods at or below 42*F? YES ONO Maintains frozen foods at or below 95*F? YES ONO Maintains frozen foods at or below 95*F? YES ONO Maintains frozen foods at or below 95*F? YES ONO Maintains frozen foods at or below 95*F? YES ONO Maintains frozen foods at or below 95*F? YES ONO Maintains frozen foods at or below 95*F? YES ONO Maintains frozen foods at or below 95*F? YES ONO Maintains frozen foods at or below 95*F? YES ONO Maintains frozen foods at or below 95*F? YES ONO Maintains frozen foods at or below 95*F? YES ONO Maintains frozen foods at or below 95*F? YES ONO Discarded as garbage if not consumed immediately after preparation? YES ONO Discarded as garbage if not consumed immediately after preparation? YES ONO Discarded as often as necessary to prevent the containers from overflowing? ONO Review Garbage and Other Refuse Procedures Callected as often as necessary to pre	Review Fire and Other Hazards	
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Washing hands: As often as required to remove soil and contamination? Keeping fingernalls clean and neatly trimmed? Keeping fingernalls clean and neatly trimmed? Keeping fingernalls clean and neatly trimmed? Keeping outer garments clean? No Expering outer garments clean? No Expering outer garments clean? Keeping hands clean when handling food and food-contact surfaces? Wearing a hair net, cap, or other effective hair restraint? Wearing a hair net, cap, or other effective hair restraint? Not smoking or using tobacco in any form? Not working when infected with a disease that is communicable by way of food? Wearing a hair net, cap, or other effective hair restraint? Wearing a hair net, cap, or other effective hair restraint? Wess No Not smoking or using tobacco in any form? Wess No Not smoking or using tobacco in any form? VES NO Not smoking or using tobacco in any form? VES NO Not smoking or using tobacco in any form? VES NO Not smoking or using tobacco in any form? VES NO Maintains food at safe temperatures during storage, preparation, and transportation? VES NO Maintains sold foods at or below 42°F? VES NO Maintains food at a rabove 135°F? VES NO Maintains foods at or below 42°F? VES NO Maintains frozen foods at or below 42°F? VES NO A2 If cold food exceeds 50°F before serving, is the food discarded as garbage? VES NO Consumed immediately after preparation? VES NO Consumed immediately after preparation? VES NO Discarded as garbage if not consumed immediately after preparation? VES NO Consumed immediately after preparation? VES NO Discarded as garbage if not consumed immediately after preparation? VES NO Collected as often as necessary to prevent the containers from overflowing? Collected as often as necessary to prevent the containers from overflowing? Output Discarded by a system in accordance	List all animals at camp below:	
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U TES UNU	Washing hands: As often as required to remove soil and contamination?	C YES C NO
	Washing hands: Before touching food?	C YES C NO

.46 Does camp have a copy of the "Use and Occupancy Permit" for the facility?	C YES C NO
.46 Does camp have a letter from a master electrician stating that the facility was inspected and meets the codes that were applicable at the time of construction?	C YES C NO
Fire Marshal Inspection	
.46 Has camp been inspected and approved by State or county fire authority?	C YES C NO
Pesticide, Toxic Chemicals and Hazardous Materials	
.46 Are pesticides, toxic chemicals, and hazardous materials:	
Present at car	mp? C YES C NO
Properly labeled?	○ YES ○ NO
Stored in a safe manner?	○ YES ○ NO
Not accessible to a camper?	○ YES ○ NO
Used only by a camp staff member?	C YES C NO
.46 Are staff members trained to use a hazardous material safely before they handle hazardous materials at camp?	C YES C NO
.46 Are material safety data sheets (MSDS) for potentially hazardous chemicals available to the camp staff members?	○ YES ○ NO
.46 Are chemicals handled, used, stored, and disposed of according to the material safety data sheet and all applicable federal, State, and local codes?	○ YES ○ NO
.46 Is camp maintained to eliminate or minimize safety hazards such as:	
Entrapment?	C YES C NO
Entanglement?	C YES C NO
Impact with moving equipment or a moving vehicle?	C YES C NO
Impact from equipment tip over or failure?	C YES C NO
Contact with hazards such as protrusions, pinch points, sharp edges, or hot surfaces?	C YES C NO
A water fall?	○ YES ○ NO
Poisonous snakes, insects, or plants?	○ YES ○ NO
A natural or man-made hazard specific to the site?	C YES C NO
Any other condition or situation that poses a risk of injury to a camper or staff member?	○ YES ○ NO
.46 Are warning signs or a barrier around a hazard, that cannot be eliminated due to a natural condition at the camp, provided?	C YES C NO
Review Staff Training	
Does camp have documentation that staff members and volunteers received training on the: Do Not $oldsymbol{ t I}$	Delete
.22 Health Progra	am? C YES C NO
.33 Medication Procedu	res? C YES C NO
.34 Emergency P	lan? C YES C NO
.35 Child Abuse Reporti	ing? O YES O NO
Review Staff Knowledge	
Can camp staff members and volunteers demonstrate knowledge in the:	
.22 Health Progra	1.25
.33 Medication Procedu	S 125 S NO
.34 Emergency P	
.35 Child Abuse Reporti	ing? O YES O NO
Review Staff Conduct	
.22 Are staff members and volunteers conducting health procedures according to the health program?	125 110
.33 Are staff members and volunteers handling medications according to the camp's written medication procedures?	O YES O NO
.34 Are staff members and volunteers conducting emergency procedures according to the emergency	C YES C NO
plan? CAMP TRIP SAFETY	

52 Are the campers going on any trips (i.e. Do they leave the camp facility?)?	C YES C NO
52 Does camp have a written trip safety plan?	C YES C NO
52 Does the safety plan define and address the potential health and safety risks for each type of rip?	C YES C NO
52 Does the safety plan identify camp staff members' qualifications and responsibilities for each type of trip?	C YES C NO
52 Does the plan include operating procedures for:	
Informing a parent or guardian, camper, staff member, and volunteer of the trip before a camper participates in a trip?	C YES C NO
Obtaining written authorization from a child's parent or guardian before the child participates in a trip?	C YES C NO
Participation eligibility requirements?	C YES C NO
Supervision requirements including camper to staff member ratios?	C YES C NO
Safety rules, standards, and practices?	C YES C NO
Equipment use, maintenance, and storage?	C YES C NO
Maintaining campers, staff members, and volunteers' health and emergency information including when and where the information is maintained?	O YES O NO
Emergency communication?	C YES C NO
Designating a contact person?	O YES O NO
Attendance?	O YES O NO
52 Has the camp operator ensured that:	
Documentation is kept on file that each staff member or volunteer received the training required below?	C YES C NO
A camper is instructed in safety procedures and the use of protective equipment?	C YES C NO
A camper, staff member, or volunteer is provided with and uses safety equipment suitable to the trip?	C YES C NO
Trips are conducted according to the safety plan?	C YES C NO
Before working on the camp's trips, each staff member or volunteer:	
Is trained in the camp's safety plan?	C YES C NO
Demonstrates knowledge of the camp's safety plan?	C YES C NO
Is provided with the opportunity to discuss the procedures and have any questions answered by a supervisor?	C YES C NO
52 Has the camp operator ensured that on a camp trip:	
A director or director's designee is present?	C YES C NO
One adult staff member or adult volunteer is on duty and supervising the campers for each group of 10 campers or fraction of 10 campers?	C YES C NO
52 Has the camp operator ensured that the camp's contact person maintains trip information including	:
A roster of participants?	C YES C NO
Departure and return times?	C YES C NO
Attendance during the departure?	C YES C NO
Attendance during the activity?	C YES C NO
Attendance during the return?	C YES C NO
An itinerary?	C YES C NO
The route taken?	C YES C NO
Inclement weather plans?	C YES C NO
TRANSPORTATION	
53 Are campers, staff members, or volunteers transported by camp?	C YES C NO
53 Has the operator of the camp ensured that:	
Transportation is provided according to applicable State law?	O YES O NO
· ·	
The number of occupants in a vehicle does not exceed the vehicle manufacturer's seating capacity?	O YES O NO
The number of occupants in a vehicle does not exceed the vehicle manufacturer's seating capacity? Before a camper is transported, written authorization from a camper's parent or guardian is	O YES O NO

	Vehicular tra	affic is controlled on the campsite?	C YES C NO
А		loped and implemented that includ	es:
Transportation safety rules, standards, and practice			C YES C NO
Supervision requirements including camper to staff ration			C YES C NO
	Er	mergency transportation services?	C YES C NO
		Severe weather procedures?	C YES C NO
Before, the camp uses transport	provider	nteer involved in the transportation or driver:	and each transportation service
	Is trained in the o	camp's transportation safety plan?	C YES C NO
	Demonstrates knowledge of the o	camp's transportation safety plan?	C YES C NO
	tunity to discuss the procedures a	supervisor?	C YES C NO
Documentation is kept on file	that each staff member or volunte	eer received the training required above?	C YES C NO
A camper, staff member, or vo	plunteer is provided with and uses	transportation safety equipment?	O YES O NO
	The driver o	f a vehicle is:	
		An adult?	C YES C NO
	Licensed	according to applicable State law?	C YES C NO
		O AND FROM CAMP	
.53 Does the camp operator p	rovide or arrange camper transpor	rtation to camp, from camp, or to and from camp?	C YES C NO
53 Has the camp operator:		1	
	Ensured that a dire	ector is available for consultation?	C YES C NO
Obtained a written agreement from the camper's parent or guardian concerning the parent's or guardian's responsibility for supervising a camper before the camper is picked up and after the camper is dropped off?		C YES C NO	
Ensured that, in addition to the	e driver, one assistant counselor of	r adult is on duty and supervising 10 or more campers in a vehicle?	C YES C NO
Er		ported in non-passenger vehicles?	O YES O NO
Ensured that campers	are not transported in an individu	ual's car without obtaining written a	
,		Camper's parent or guardian?	C YES C NO
		Owner of the vehicle?	O YES O NO
Provide	ed written information to the camp	per's parent or guardian that includ	
Camper's pick-up time and designated pick-up location		C YES C NO	
Camper's drop-off time and designated drop-off location		C YES C NO	
	Camp's pick-u	p and drop-off safety procedures?	O YES O NO
Camp's policy concerning the	camp's responsibility for supervis	ing a camper when the camper is up, dropped off, and transported?	O YES O NO
SLIPE		DURING ROUTINE A	CTIVITIES
		ion at all times when campers are	
resent at camp?	Entaginformation about	anch group of company below	O YES O NO
AGES	Enter information about	each group of campers below.	# OF ASSISTANT
(YEARS)	GROUP SIZE	# OF ADULTS	COUNSELORS
	1 - 8	1	0
2 5 70 5	9 - 16	1	1
3.5 TO 5		2	0 2
	17 - 24	2	0
	1 - 15	1	0
6 TO 10		1	2
0 10 10	16 - 30	2	0
	4 45		Š

	16	5 - 30	1		2	
11 +			2		0	
	31	- 40	3		2	
Group Age Youn Description Ch	gest #	of Children in Group	# of Adults	# 0 Assis Couns with Gro	of tant elors the	Status
					Sel	ect or ▼
	Insert	<u> </u>	Activities from Database I	here.		
			ED ACTIVITIES			
Aquatic Programs		R	lange Activities		Other A	Activities
\ \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	WIMMING - L SWIM AREA	☐ AIR GUNS	☐ ARCHERY		☐ HORSE	BACK RIDING
☐ WATERCRAFT ACTI	VITY		RIFLERY		ОТНЕ	R ACTIVITY
		SWIMMIN	IG - POOL			
LOCATION: Select of	or type 🔻	OFF-SITE LOCAT	ION:			
.47 Is camp conducting this activi	ty this year? Do	Not Delete			C YES	О NO
.47 Is the director or director's d	esignee presen	t at camp?			C YES	O NO
.47 Is the director or director's d	esignee presen	t at the activity sit	e?		C YES	O NO
	Review	Swim Safety	Plan - Swimming Po	ool		
.52 Does camp have a written swim safety plan?			O YES	○ NO		
.52 Does the safety plan define and address the potential health and safety risks for swimming?		ng?	O YES	○ NO		
.52 Does the safety plan identify swimming?			ns and responsibilities for		C YES	C NO
.52 Does the plan include operati Informing a parent or gua		staff member, and	d volunteer of swimming b camper participates in swii		C YES	C NO
Obtaining written authorization from a child's parent or guardian before the child participates in swimming?		C YES	O NO			
Participation eligibility requirements?		ements?	O YES	○ NO		
Supervision requirements including camper to staff member ratios?		ratios?	O YES	○ NO		
Safety rules, standards, and practices?			actices?	C YES	C NO	
Equipment use, maintenance, and storage?		torage?	○ YES	O NO		
Maintaining campers, staff members, and volunteers' health and emergency information including when and where the information is maintained?			C YES	C NO		
			Emergency communi		C YES	○ NO
			Designating a contact p		C YES	○ NO
Attendance?		ndance?	C YES	○ NO		
	C	bserve Swimr	ming at the Pool			
.47 Is swimming at the pool bein		ay?			O YES O NO)
.52 Has the camp operator ensur Documentation is kept on file		member or volunt	per received the training re	aduired		
Documentation is kept on file	uiat edtii Stdff	member or volunte	er received the training re	below?	C YES	O NO
•			the use of protective equi		○ YES	C NO
A camper, staff member, or volunteer is provided with and uses safety equipment suitable to the specialized activity:				C YES	○ NO	
Swimming is conducted according to the safety plan?			ty plan?	○ YES	O NO	

Before working at the camp's swimming activity, each staff member or volunteer:	
Is trained in the camp's safety plan?	C YES C NO
Demonstrates knowledge of the camp's safety plan?	O YES O NO
s provided with the opportunity to discuss the procedures and have any questions answered by a supervisor?	C YES C NO
7 Before participating in swimming is a camper:	
Evaluated and classified as to swimming ability?	C YES C NO
Evaluated and classified as to other appropriate aquatic skills?	C YES C NO
Assigned to areas, equipment, facilities, and activities appropriate with the camper's abilities?	C YES C NO
47 Is the water activity equipment and facility maintained in good working condition?	C YES C NO
47 Is there a safety system in effect to quickly account for all campers during swimming?	C YES C NO
47 Is a list of emergency procedures and emergency telephone numbers (fire, police, etc.) posted n a conspicuous place?	C YES C NO
47 Is first aid and rescue equipment provided?	C YES C NO
47 Is swimming instruction given?	C YES C NO
47 Is an instructor present and supervising the activity?	C YES C NO
47 Is there 1 lifeguard for each group of 50 people or fraction of 50 people in the water?	O YES O NO
47 Is there 1 16 year old or older staff member, who is not the instructor or lifeguard, on duty ool side observing the campers for each group of 25 campers or fraction of 25 campers in the vater?	○ YES ○ NO
47 Are there 2 individuals certified in first aid and CPR on duty at the activity?	C YES C NO
47 Is there any condition which exists that compromises the ability of the instructor, lifeguard, ounselor, or assistant counselor to perform the staff member's job duty?	C YES C NO
47 Is an additional instructor, lifeguard, counselor, or assistant counselor on duty?	C YES C NO
47 Is there 1 adult staff member, adult volunteer, counselor, or assistant counselor on duty and upervising the campers for each group of 10 campers or fraction of 10 campers participating in the swimming activity?	C YES C NO
47 Does the pool comply with COMAR 10.17.01 and have a valid operating certificate issued by the ocal health department?	C YES C NO
47 Is the pool and pool equipment maintained in good condition?	C YES C NO
SWIMMING - NATURAL SWIM AREA	
LOCATION: Select or type off SITE LOCATION:	
7 Is camp conducting this activity this year? Do Not Delete	C YES C NO
.47 Is the director or director's designee present at camp?	
	O YES O NO
.47 Is the director or director's designee present at the activity site?	C YES C NO
.47 Is the director or director's designee present at the activity site?	
	C YES C NO
.47 Is the director or director's designee present at the activity site? Review Swim Safety Plan - Natural Swimming Area 52 Does camp have a written swim safety plan?	C YES C NO
.47 Is the director or director's designee present at the activity site? Review Swim Safety Plan - Natural Swimming Area 52 Does camp have a written swim safety plan? 52 Does the safety plan define and address the potential health and safety risks for swimming? 52 Does the safety plan identify camp staff members' qualifications and responsibilities for	C YES C NO C YES C NO
.47 Is the director or director's designee present at the activity site? Review Swim Safety Plan - Natural Swimming Area 52 Does camp have a written swim safety plan? 52 Does the safety plan define and address the potential health and safety risks for swimming? 52 Does the safety plan identify camp staff members' qualifications and responsibilities for swimming?	C YES C NO
Review Swim Safety Plan - Natural Swimming Area 52 Does camp have a written swim safety plan? 52 Does the safety plan define and address the potential health and safety risks for swimming? 52 Does the safety plan identify camp staff members' qualifications and responsibilities for swimming? 52 Does the plan include operating procedures for: Informing a parent or guardian, camper, staff member, and volunteer of swimming before a	C YES O NO C YES O NO O YES O NO O YES O NO
Review Swim Safety Plan - Natural Swimming Area 52 Does camp have a written swim safety plan? 52 Does the safety plan define and address the potential health and safety risks for swimming? 52 Does the safety plan identify camp staff members' qualifications and responsibilities for swimming? 52 Does the plan include operating procedures for: Informing a parent or guardian, camper, staff member, and volunteer of swimming?	C YES O NO C YES O NO C YES O NO C YES O NO
Review Swim Safety Plan - Natural Swimming Area 52 Does camp have a written swim safety plan? 52 Does the safety plan define and address the potential health and safety risks for swimming? 52 Does the safety plan identify camp staff members' qualifications and responsibilities for swimming? 52 Does the plan include operating procedures for: Informing a parent or guardian, camper, staff member, and volunteer of swimming before a	C YES O NO
.47 Is the director or director's designee present at the activity site? Review Swim Safety Plan - Natural Swimming Area 52 Does camp have a written swim safety plan? 52 Does the safety plan define and address the potential health and safety risks for swimming? 52 Does the safety plan identify camp staff members' qualifications and responsibilities for swimming? 52 Does the plan include operating procedures for: Informing a parent or guardian, camper, staff member, and volunteer of swimming before a camper participates in swimming? Obtaining written authorization from a child's parent or guardian before the child participates in	C YES O NO C YES O NO C YES O NO C YES O NO
Review Swim Safety Plan - Natural Swimming Area 52 Does camp have a written swim safety plan? 52 Does the safety plan define and address the potential health and safety risks for swimming? 52 Does the safety plan identify camp staff members' qualifications and responsibilities for swimming? 52 Does the plan include operating procedures for: Informing a parent or guardian, camper, staff member, and volunteer of swimming? Obtaining written authorization from a child's parent or guardian before the child participates in swimming?	C YES O NO
Review Swim Safety Plan - Natural Swimming Area 52 Does camp have a written swim safety plan? 52 Does the safety plan define and address the potential health and safety risks for swimming? 52 Does the safety plan identify camp staff members' qualifications and responsibilities for swimming? 52 Does the plan include operating procedures for: Informing a parent or guardian, camper, staff member, and volunteer of swimming? Obtaining written authorization from a child's parent or guardian before the child participates in swimming? Participation eligibility requirements?	C YES O NO O YES O NO O YES O NO O YES O NO O YES O NO O YES O NO O YES O NO O YES O NO

Maintaining campers, staff members, and volunteers' health and emergency information including when and where the information is maintained?	C YES C NO
Emergency communication?	O YES O NO
Designating a contact person?	C YES C NO
Attendance?	C YES C NO
Observe Swimming at the Natural Bathing Area	
.47 Is swimming at the natural bathing area being observed today?	C YES C NO
.52 Has the camp operator ensured that:	
Documentation is kept on file that each staff member or volunteer received the training required below?	C YES C NO
A camper is instructed in safety procedures and the use of protective equipment?	C YES C NO
A camper, staff member, or volunteer is provided with and uses safety equipment suitable to the specialized activity?	C YES C NO
Swimming is conducted according to the safety plan?	C YES C NO
Before working at the camp's swimming activity, each staff member or volunteer:	
Is trained in the camp's safety plan?	C YES C NO
Demonstrates knowledge of the camp's safety plan?	C YES C NO
Is provided with the opportunity to discuss the procedures and have any questions answered by a supervisor?	O YES O NO
.47 Before participating in swimming is a camper:	
Evaluated and classified as to swimming ability?	C YES C NO
Evaluated and classified as to other appropriate aquatic skills?	C YES C NO
Assigned to areas, equipment, facilities, and activities appropriate with the camper's abilities?	C YES C NO
.47 Is the water activity equipment and facility maintained in good working condition?	C YES C NO
.47 Is there a safety system in effect to quickly account for all campers during swimming?	C YES C NO
.47 Is a list of emergency procedures and emergency telephone numbers (fire, police, etc.) posted in a conspicuous place?	C YES C NO
.47 Is first aid and rescue equipment provided?	C YES C NO
.47 Is swimming instruction given?	C 'YES C NO
.47 Is an instructor present and supervising the activity?	C YES C NO
.47 Is there 1 lifeguard, with open water certification, for each group of 50 people or fraction of 50 people in the water?	C YES C NO
.47 Is there 1 16 year old or older staff member, who is not the instructor or lifeguard, on duty observing the campers for each group of 25 campers or fraction of 25 campers in the water?	C YES C NO
.47 Are there 2 individuals certified in first aid and CPR on duty at the activity?	C YES C NO
.47 Is there any condition which exists that compromises the ability of the instructor, lifeguard, counselor, or assistant counselor to perform the staff member's job duty?	C YES C NO
.47 Is an additional instructor, lifeguard, counselor, or assistant counselor on duty?	C YES C NO
.47 Is there 1 adult staff member, adult volunteer, counselor, or assistant counselor on duty and supervising the campers for each group of 10 campers or faction of 10 campers participating in the swimming activity?	C YES C NO
.47 Does the natural diving or swimming area comply with COMAR 26.08.09 and have a valid bathing beach permit issued by the local health department if required?	C YES C NO
.47 Has the operator ensured that:	
Hazards have been assessed and eliminated or clearly marked before campers swim, dive, or bathe at a natural diving or swimming area?	O YES O NO
A swimmer is not subjected to a dangerous condition such as a strong current, a sharp drop-off, a quicksand bottom, or rough surf?	C YES C NO
The water is free from dangerous aquatic life?	C YES C NO
The bottom is free from hazardous debris, sharp stones, and sharp shells?	C YES C NO
Swimming, diving, and boating areas are clearly marked or roped off?	C YES C NO
Diving and swimming programs are conducted at separate times or in separate areas from boating programs?	C YES C NO

WATERCRAFT ACTIVITY	
TYPE OF WATERCRAFT ACTIVITY:	
LOCATION: Select or type OFF SITE LOCATION:	
.47 Is camp conducting this activity this year? Do Not Delete	○ YES ○ NO
.47 Is the director or director's designee present at camp?	O YES O NO
.47 Is the director or director's designee present at the activity site?	O YES O NO
Review Watercraft Safety Plan	
.52 Does camp have a written safety plan?	C YES C NO
.52 Does the safety plan define and address the potential health and safety risks for	C YES C NO
.52 Does the safety plan identify camp staff members' qualifications and responsibilities for	C YES C NO
.52 Does the plan include operating procedures for:	
Informing a parent or guardian, camper, staff member, and volunteer of swimming before a	O YES O NO
camper participates in Obtaining written authorization from a child's parent or quardian before the child participates in	C
Stanning written additionading from a clinic sparent of guardian before the clinic participates in	C YES C NO
Participation eligibility requirements?	? C YES C NO
Supervision requirements including camper to staff member ratios?	YES O NO
Safety rules, standards, and practices?	YES O NO
Equipment use, maintenance, and storage?	YES O NO
Maintaining campers, staff members, and volunteers' health and emergency information including when and where the information is maintained?	O YES O NO
Emergency communication?	C YES C NO
Designating a contact person?	C YES C NO
Attendance?	C YES C NO
Observe	
.47 Is being observed today?	O YES O NO
.52 Has the camp operator ensured that:	
Documentation is kept on file that each staff member or volunteer received the training required below?	1 V 1L3 V NO
A camper is instructed in safety procedures and the use of protective equipment?	YES ONO
A camper, staff member, or volunteer is provided with and uses safety equipment suitable to the specialized activity?	1 V 1E3 V NO
is conducted according to the safety plan?	YES O NO
Before working at the camp's activity, e	ach staff member or volunteer:
Is trained in the camp's safety plan?	YES O NO
Demonstrates knowledge of the camp's safety plan?	? C YES C NO
Is provided with the opportunity to discuss the procedures and have any questions answered by a supervisor:	I VIES VIOL
.47 Before participating in swimming is a camper:	
Evaluated and classified as to swimming ability:	P C YES C NO
Evaluated and classified as to other appropriate aquatic skills?	YES O NO
Assigned to areas, equipment, facilities, and activities appropriate with the camper's abilities?	YES O NO
.47 Is the water activity equipment and facility maintained in good working condition?	C YES C NO
.47 Is there a safety system in effect to quickly account for all campers during swimming?	C YES C NO
.47 Is a list of emergency procedures and emergency telephone numbers (fire, police, etc.) posted in a conspicuous place?	C YES C NO
.47 Is first aid and rescue equipment provided?	C YES C NO

.47 Is swimming instruction given?	C YES C NO
.47 Is an instructor present and supervising the swimming instruction?	C YES C NO
.47 Is there 1 lifeguard, with open water certification, for each group of 50 people or fraction of 50 people in the water?	○ YES ○ NO
.47 Is there 1 16 year old or older staff member, who is not the instructor or lifeguard, on duty pool side observing the campers for each group of 25 campers or fraction of 25 campers in the water?	C YES C NO
.47 Are there 2 individuals certified in first aid and CPR on duty at the activity?	O YES O NO
.47 Is there any condition which exists that compromises the ability of the instructor, lifeguard, counselor, or assistant counselor to perform the staff member's job duty?	C YES C NO
.47 Is an additional instructor, lifeguard, counselor, or assistant counselor on duty?	C YES C NO
.47 Is there 1 adult staff member, adult volunteer, counselor, or assistant counselor on duty and supervising the campers for each group of 10 campers or faction of 10 campers participating in the swimming activity?	C YES C NO
.47 Does the natural diving or swimming area comply with COMAR 26.08.09 and have a valid bathing beach permit issued by the local health department if required?	C YES C NO
.47 Has the operator ensured that: A watercraft is equipped with U.S. Coast Guard approved personal flotation devices of Type I, II,	<u> </u>
or III, as prescribed for the specific type of craft and number and age of occupants?	C YES C NO
A water skier wears a personal flotation device approved by the U.S. Coast Guard for that particular activity?	C YES C NO
A watercraft towing a water skier has an observer on board in addition to the driver?	C YES C NO
An occupant of a watercraft wears a U.S. Coast Guard approved personal floatation device?	C YES C NO
An individual using a watercraft has been given training in boarding, debarking, and safety procedures for the craft?	C YES C NO
Except on a river trip when the instructor's supervision is described in a written safety plan, an instructor is within sight and hearing of the watercraft activity?	C YES C NO
An individual holding certification in first aid and CPR is present at each watercraft activity?	C YES C NO
One lifeguard or water safety rescuer who has lifeguard or rescuer certification appropriate for the watercraft site and activity is present at each water craft activity?	○ YES ○ NO
RIFLERY	
LOCATION: Select or type OFF SITE LOCATION:	
.48 Is camp conducting this activity this year? Do Not Delete	C YES C NO
48 Is riflery being observed today?	O YES O NO
.48 Has the operator ensured that:	
The rifle range is located where a camper will not wander into the field of fire while engaged in other camp activities?	C YES C NO
If possible, the direction of fire is to the north to minimize a shooter being blinded by the sun?	C YES C NO
A blind approach to the field of fire is fenced, with warning signs posted?	O YES O NO
The firing line is level from one flank to the other with a minimum of 5 feet between firing points?	O YES O NO
A ready line is established 10 feet to the rear of the firing points?	O YES O NO
The rifle range is free of an object that might cause a bounce back or a ricochet?	O YES O NO
48 Does visibility extend downrange for at least 3,000 feet beyond the targets?	O YES O NO
.48 Is there a backstop present that is a hill?	O YES O NO
.48 Is it a hill that:	
Has a crest of not less than 30 feet above the level of the firing point?	O YES O NO
Is clear of brush for an area of at least 100 yards up the slope from the targets or to the crest of the hill?	C YES C NO
Has a cut taken out of the face of the hillside immediately behind the targets to provide a perpendicular face to catch the bullets and prevent ricochet?	C YES C NO
Has all rocks, glass, and metal removed form the perpendicular cut immediately behind the targets?	C YES C NO
Has a nonremovable obstacle covered with at least 6 inches of soil and sodded or seeded to prevent a ricochet?	C YES C NO
.48 Is there a backstop present that is a wood crib?	O YES O NO

.48 Is it a wood crib that is:		
Filled with dry earth or sand?	C YES	○ NO
At least 10 feet high?	O YES	O NO
At least 30 inches thick?	O YES	O NO
At least 6 feet beyond the end of the targets?	O YES	O NO
.48 Has the operator ensured that:		
A camper is instructed in safe firing range procedures before the camper participates in the activity?	C YES	O NO
Red firing flags are conspicuously displayed when the range is in use?	C YES	○ NO
Only an individual ready to fire is on the firing line and anyone waiting to fire remains behind the ready line?	O YES	C NO
An individual stays behind the firing line at all times, except when ordered by the instructor to retrieve targets?	C YES	○ NO
Guns and ammunition are stored separately in a locked storage area?	C YES	O NO
Is the director or director's designee present at camp or, when the activity occurs off the camp premises, the activity site?	O YES	O NO
An instructor and at least one counselor or assistant counselor to assist are on the range at all times during a firing session?	O YES	○ NO
One adult staff member, adult volunteer, counselor, or assistant counselor is on duty and supervising the campers for each group of 10 or fraction of 10 campers on the firing line?	C YES	C NO
.48 Has the instructor ensured that:		
The equipment is clean and in good repair?	C YES	O NO
The equipment is stored safely and secured?	C YES	○ NO
The equipment use is controlled by means of a checkout system?	C YES	○ NO
Safety glasses are provided for and worn by each shooter and staff member on the firing line?	C YES	○ NO
Ear protection is provided for and worn by each shooter and staff member on the firing line?	C YES	○ NO
Review Riflery Procedures		
.52 Has a written safety plan been prepared for riflery?	O YES	O NO
.52 Does the safety plan define and address the potential health and safety risks for riflery?	C YES	○ NO
.52 Does the safety plan identify camp staff members' qualifications and responsibilities for riflery?	C YES	○ NO
.52 Does the safety plan include procedures for:		
Informing a parent or guardian, camper, staff member, and volunteer of the activity before a camper participates in riflery?	C YES	○ NO
Obtaining written authorization from a child's parent or guardian before the child participates in riflery?	C YES	○ NO
Participation eligibility requirements?	C YES	○ NO
Supervision requirements including camper to staff member ratios?	C YES	O NO
Safety rules, standards, and practices?	O YES	○ NO
Equipment use, maintenance, and storage?	C YES	○ NO
Maintaining campers, staff members, and volunteers' health and emergency information including when and where the information is maintained?	C YES	C NO
Emergency communication?	C YES	○ NO
Designating a contact person?	C YES	C NO
Attendance?	C YES	○ NO
.52 Has the camp operator ensured that:		
Documentation is kept on file that each staff member or volunteer received the training required below?	C YES	O NO
A camper is instructed in safety procedures and the use of protective equipment?	C YES	○ NO
A camper, staff member, or volunteer is provided with and uses safety equipment suitable to the specialized activity?	O YES	O NO
Riflery is conducted according to the safety plan?	C YES	○ NO
Before working at the camp's riflery activity, each staff member or volunteer:		
Is trained in the camp's safety plan?	C YES	O NO

Demonstrates knowledge of the camp's safety plan?	O YES O NO
Is provided with the opportunity to discuss the procedures and have any questions answered by a supervisor?	O YES O NO
AIR GUNS	
LOCATION: Select or type OFF SITE LOCATION:	
.48 Is camp conducting this activity this year? Do Not Delete	O YES O NO
.48 Is air gun activity being observed today?	C YES C NO
.48 Has the operator ensured that:	
The air gun range is located where a camper will not wander into the field of fire while engaged in	C YES C NO
other camp activities? If possible, the direction of fire is to the north to minimize a shooter being blinded by the sun?	O YES O NO
A blind approach to the field of fire is fenced, with warning signs posted?	O YES O NO
The firing line is level from one flank to the other with a minimum of 5 feet between firing points?	O YES O NO
A ready line is established 10 feet to the rear of the firing points?	O YES O NO
The air gun range is free of an object that might cause a bounce back or a ricochet?	O YES O NO
.48 Is the entire safety fan area of the air gun range unoccupied?	O YES O NO
.48 Does visibility extend downrange for at least 3,000 feet beyond the targets?	O YES O NO
.48 Is there a backstop present that is a hill?	C YES C NO
.48 Is it a hill that:	
Has a crest of not less than 30 feet above the level of the firing point?	C YES C NO
Is clear of brush for an area of at least 100 yards up the slope from the targets or to the crest of the hill?	O YES O NO
Has a cut taken out of the face of the hillside immediately behind the targets to provide a perpendicular face to catch the bullets and prevent ricochet?	C YES C NO
Has all rocks, glass, and metal removed form the perpendicular cut immediately behind the targets?	O YES O NO
Has a nonremovable obstacle covered with at least 6 inches of soil and sodded or seeded to prevent a ricochet?	C YES C NO
.48 Is there a backstop present that is a wood crib?	C YES C NO
.48 Is it a wood crib that is:	
Filled with dry earth or sand?	O YES O NO
At least 10 feet high?	O YES O NO
At least 30 inches thick?	O YES O NO
At least 6 feet beyond the end of the targets?	O YES O NO
.48 Is there another type of backstop?	C YES C NO
.48 Is it a backstop that:	O ILS O NO
Is covered with soft material to prevent a ricochet, a bounce back, or a shot from leaving the	C YES C NO
range area? Has walls or side berms that are covered with soft materials to prevent a ricochet, a bounce back,	O YES O NO
or a shot from leaving the range area? Is sufficient to stop or contain the pellets?	
13 sufficient to stop or contain the periods:	O YES O NO
.48 Has the operator ensured that:	
A camper is instructed in safe firing range procedures before the camper participates in the activity?	C YES C NO
Red firing flags are conspicuously displayed when the range is in use?	C YES C NO
Only an individual ready to fire is on the firing line and anyone waiting to fire remains behind the ready line?	C YES C NO
An individual stays behind the firing line at all times, except when ordered by the instructor to retrieve targets?	C YES C NO
Guns and ammunition are stored separately in a locked storage area?	C YES C NO
Is the director or director's designee present at camp or, when the activity occurs off the camp premises, the activity site?	C YES C NO

An instructor and at least one counselor or assistant counselor to assist are on the range at all times during a firing session?	C YES	O NO
One adult staff member, adult volunteer, counselor, or assistant counselor is on duty and supervising the campers for each group of 10 or fraction of 10 campers on the firing line?	O YES	○ NO
.48 Has the instructor ensured that:		
The equipment is clean and in good repair?	C YES	O NO
The equipment is stored safely and secured?	O YES	O NO
The equipment use is controlled by means of a checkout system?	○ YES	O NO
Safety glasses are provided for and worn by each shooter and staff member on the firing line?	C YES	O NO
Ear protection is provided for and worn by each shooter and staff member on the firing line?	O YES	O NO
Review Air Gun Procedures		
.52 Has a written safety plan been prepared for air guns?	O YES	O NO
.52 Does the safety plan define and address the potential health and safety risks for air guns?	O YES	O NO
.52 Does the safety plan identify camp staff members' qualifications and responsibilities for air	O YES	O NO
guns? .52 Does the safety plan include procedures for:		
Informing a parent or guardian, camper, staff member, and volunteer of the activity before a camper participates in air guns?	O YES	O NO
Obtaining written authorization from a child's parent or guardian before the child participates in air	O YES	O NO
guns? Participation eligibility requirements?		
, , ,	C YES	○ NO
Supervision requirements including camper to staff member ratios?	C YES	O NO
Safety rules, standards, and practices?	C YES	O NO
Equipment use, maintenance, and storage?	○ YES	O NO
Maintaining campers, staff members, and volunteers' health and emergency information including when and where the information is maintained?	C YES	○ NO
Emergency communication?	C YES	O NO
Designating a contact person?	C YES	O NO
Attendance?	C YES	○ NO
.52 Has the camp operator ensured that:		
Documentation is kept on file that each staff member or volunteer received the training required below?	C YES	O NO
A camper is instructed in safety procedures and the use of protective equipment?	C YES	O NO
A camper, staff member, or volunteer is provided with and uses safety equipment suitable to the specialized activity?	O YES	O NO
Air Guns are conducted according to the safety plan?	C YES	O NO
Before working at the camp's air gun activity, each staff member or volunteer:		
Is trained in the camp's safety plan?	O YES	O NO
Demonstrates knowledge of the camp's safety plan?	O YES	O NO
Is provided with the opportunity to discuss the procedures and have any questions answered by a	© YES	O NO
supervisor?		
ARCHERY		
LOCATION: Select or type OFF SITE LOCATION:		
49 Is camp conducting this activity this year? Do Not Delete	C YES	O NO
49 Is archery being observed today?	C YES	○ NO
49 Has the camp operator ensured that:		
An archery range is located where a camper will not wander into the danger area while engaged in other camp activities?	O YES	O NO
An archery range is clearly marked to warn individuals away from the danger area?	O YES	○ NO
When possible, the shooting direction is to the north to minimize an archer being blinded by the sun?	O YES	○ NO
The shooting area has at least 50 yards of clearance or an archery net behind each target?	C YES	○ NO
Are different archer-to-target distances required for a group that is shooting at the same time on	O YES	O NO

the same field?		
Is one common shooting line used?	C YES	○ NO
Are the targets set at a distance from the shooting line that is appropriate with the skill level of the camper?	C YES	○ NO
Archers fire from a common firing line with a ready line marked behind it?	C YES	○ NO
Only an archer ready to shoot is on the firing line and anyone waiting to shoot remains behind the ready line?	C YES	C NO
An individual stays behind the firing line at all times except when ordered by the instructor to retrieve a target or an arrow?	C YES	O NO
Bows and arrows are stored in a locked enclosure?	C YES	O NO
During the archery activity, a director is present at the camp or, when the activity occurs off the camp premises, the activity site?	C YES	○ NO
n instructor and at least one counselor or assistant counselor to assist are on the range at all times during a firing session?	C YES	○ NO
One adult staff member, adult volunteer, counselor, or assistant counselor is on duty and supervising the campers for each group of 10 campers or fraction of 10 campers on the firing line?	C YES	○ NO
Review Archery Procedures		
52 Has a written safety plan been prepared for archery?	C YES	○ NO
52 Does the safety plan define and address the potential health and safety risks for archery?	C YES	○ NO
52 Does the safety plan identify camp staff members' qualifications and responsibilities for archery?	C YES	○ NO
52 Does the safety plan include procedures for:		
Informing a parent or guardian, camper, staff member, and volunteer of the activity before a camper participates in archery?		○ NO
Obtaining written authorization from a child's parent or guardian before the child participates in archery?	C YES	O NO
Participation eligibility requirements?	C YES	○ NO
Supervision requirements including camper to staff member ratios?	C YES	O NO
Safety rules, standards, and practices?	C YES	○ NO
Equipment use, maintenance, and storage?	C YES	○ NO
Maintaining campers, staff members, and volunteers' health and emergency information including when and where the information is maintained?	C YES	O NO
Emergency communication?	C YES	○ NO
Designating a contact person?	C YES	C NO
Attendance?	O YES	O NO
52 Has the camp operator ensured that:		
Documentation is kept on file that each staff member or volunteer received the training required below?	C YES	○ NO
A camper is instructed in safety procedures and the use of protective equipment?	C YES	○ NO
A camper, staff member, or volunteer is provided with and uses safety equipment suitable to the specialized activity?	C YES	○ NO
Archery is conducted according to the safety plan?	C YES	○ NO
Before working at the camp's archery activity, each staff member or volunteer:		
Is trained in the camp's safety plan?	C YES	○ NO
Demonstrates knowledge of the camp's safety plan?	C YES	○ NO
Is provided with the opportunity to discuss the procedures and have any questions answered by a supervisor?	C YES	○ NO
HORSEBACK RIDING		
LOCATION: Select or type Toff site location:		
50 Is camp conducting this activity this year? Do Not Delete	O YES	O NO
50 Is horseback riding being observed today?	O YES	C NO
50 Has the camp operator ensured that:		
A riding instructor determines a camper's riding experience and level of skill before assigning a horse and deciding whether the camper rides in a ring or on a trail?	C YES	C NO
A rider wears protective headgear at all times?	O YES	O NO

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A rider wears shoes with heals or used closed stirrups? All horses are healthy and well cared for? A horse riding stable meets the requirements of COMARIS 1.6.01 and is maintained in good condition? One adult staff member, adult volunteer, counselor, or assistant counselor is not duty and servising the campers for each group of 10 riders or fraction of 10 riders at each horseback riding activity and trail excursion? An instructor is present at each horseback riding activity and trail excursion? An instructor is present at each horseback riding activity and trail excursion? An instructor is present at each horseback riding activity and trail excursion? An instructor is present at each horseback riding activity and trail excursion? A horseback riding? C YES C NO Does the safety plan include procedures for: Informing a parent or guardian before the child participates in horseback riding? Obtaining written authorization from a child's perent or guardian before the child participates in horseback riding? Participation eligibility requirements? C YES C NO Supervision requirements including camper to staff member ratios? Sefety rules, standards, and practices? C YES C NO Safety rules, standards, and practices? C YES C NO Equipment use, maintenance, and storage? V YES C NO Equipment use, maintenance, and storage? V YES C NO Emergency communication? Designating a contact person? A camper is instructed in safety procedures and the use of protective equipment? C YES C NO Has the camp operator ensured that: Documentation is kept on file that each staff member or volunteer: Is trained in the camp's safety plan? Personal safety plan breseback riding a	That the protective headgear bears the label of the American Society for Testing and Materials (ASTM) F1163?	C YES C NO
A horse riding stable meets the requirements of COMAR15.16.01 and is maintained in good Condition? One adult staff member, adult volunteer, courselor, or assistant current or outly and pervising the campers for each group of 10 ridders or fraction of 10 ridders and advanced on outly and pervising the campers for each group of 10 ridders or fraction of 10 ridders and advanced on outly and pervising the campers for each group of 10 ridders or fraction of 10 ridders and advanced on the pervision of 10 ridders and advanced on the potential health and safety risks for horseback. An instructor is present at each horseback riding? Review Horseback Riding? Pose the safety plan identify camp staff members described in the activity before a pervision regular or guardian, camper, staff member, and volunteer of the activity before a pervision of the pervision of the activity before a pervision of the pervision requirements including camper to staff member activity before a participation eligibility requirements? Obtaining written authorization from a child's parent or guardian before the child participates in possedar riding? Participation eligibility requirements? Participation eligibility requirements? Supervision requirements including camper to staff member ratios? Participation eligibility requirements? Supervision requirements including camper to staff member ratios? Participation eligibility requirements? Participation eligibilit	,	C YES C NO
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Informing a parent or guardian, camper, staff member, and volunteer of the activity before a O YES O NO	·	
camper participates in	Informing a parent or guardian, camper, staff member, and volunteer of the activity before a	C YES C NO
1	camper participates in ?	

Obtaining written authorization from a child's parent or guardian before the child participates in	C YES C NO
Participation eligibility requirements?	C YES C NO
Supervision requirements including camper to staff member ratios?	C YES C NO
Safety rules, standards, and practices?	O YES O NO
Equipment use, maintenance, and storage?	C YES C NO
Maintaining campers, staff members, and volunteers' health and emergency information including when and where the information is maintained?	C YES C NO
Emergency communication?	C YES O NO
Designating a contact person?	C YES O NO
Attendance?	C YES C NO
Observe	
.52 Is being observed today?	O YES O NO
.52 Has the camp operator ensured that:	
Documentation is kept on file that each staff member or volunteer received the training required below?	C YES C NO
A camper is instructed in safety procedures and the use of protective equipment?	O YES O NO
A camper, staff member, or volunteer is provided with and uses safety equipment suitable to the specialized activity?	C YES O NO
is conducted according to the safety plan?	C YES O NO
A director or director's designee is present at the camp or, when the activity occurs off the camp premises, the activity site?	O YES O NO
An instructor is present at the specialized activity?	C YES C NO
One adult staff member, adult volunteer, counselor, or assistant counselor is on duty and supervising the campers for each group of 10 campers or fraction of 10 campers?	C YES C NO
Before working at the camp's activity, each	staff member or volunteer:
Is trained in the camp's safety plan?	C YES C NO
Demonstrates knowledge of the camp's safety plan?	C YES C NO
Is provided with the opportunity to discuss the procedures and have any questions answered by a supervisor?	C YES C NO
INSPECTION VIOLATIONS, COMMENTS, AND N	IOTES
This camp has not submitted an Annual Report for the previous year to the D Mental Hygiene, violating COMAR 10.16.06.06. *	epartment of Health and
This camp does not have a Certificate or Letter of Compliance issued from the	 Maryland Denartment of
Health and Mental Hygiene, violating COMAR 10.16.06.07.	
This camp did not submit an application to the Maryland Department of Health and Mental Hygiene, violating COMAR 10.16.06.08.	
This camp did not submit the appropriate application fee or alternative accreditation documentation to	
the Maryland Department of Health and Mental Hygiene, violating COMAR 10.16.06.08.	
This camp has outstanding violations which have not been corrected in the time period specified, violating COMAR 10.16.06.10.	
This camp has not posted the Certificate or Letter of Compliance, violating COMAR 10.16.06.13.	
This camp constructed, remodeled, enlarged, converted, or reduced facilities without obtaining the proper permits, violating COMAR 10.16.06.20. *	
This camp is missing criminal background checks for the following individual(s), violating COMAR	
10.16.06.21.	
MD Present FBI Present	Date Corrected
	